



PATENT

#8/A
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2-6-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Brett W. Murdock et al.

Title: METHOD AND SYSTEM FOR ACCESSING MEMORY DEVICES

App. No.: 10/034,834

Filed: 12/27/2001

Examiner: Midys Inoa

Group Art Unit: 2188

Atty. Dkt. No.: 1280.SC11318TH

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

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Technology Center 2100

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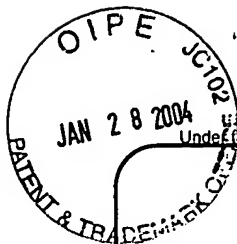
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2188

PTO/SB/21 (05-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/034,834	
	Filing Date	12/27/2001	
	First Named Inventor	Brett W. Murdock et al.	
	Art Unit	2188	
	Examiner Name	Midys Inoa	
Total Number of Pages in This Submission	14	Attorney Docket Number	1280.SC11318TH

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	J. Gustav Larson, Reg. No. 39,263
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Date	1-26-04

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Date	1-26-04

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